I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-450, on the date shown below.

Dated: May 3, 2005 Signature:

Docket No.: SPINE 3.0-455 CONT III (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Zubok et al.

Group Art Unit: 3738

Application No.: 10/776,650

Confirmation No.: 3387

Filed: February 11, 2004

Examiner: C. L. Miller

For: CERVICAL DISC REPLACEMENT

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

It is respectfully requested that the references listed on the enclosed form be made of record and considered with respect to the above-referenced U.S. patent application. Submission of the present Information Disclosure Statement should not be taken as an admission that the cited references are legally available prior art or that the same are pertinent or material.

In the event that any fee is due in connection with the present Information Disclosure Statement, the Commissioner is hereby authorized to charge the same to our Deposit Account No. 12-1095.

Dated: May 3, 2005

Respectfully submitted,

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Substitute for form 1449A/B/PTO				Complete if Known		
		_		Application Number	10/776,650	
IN	NFORMATION	I DI	SCLOSURE	Filing Date	February 11, 2004	
S	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Rafail Zubok	
				Art Unit	3738	
(Use as many sheets as necessary)				Examiner Name	C. L. Miller	
Sheet	1	of	2	Attorney Docket Number	SPINE 3.0-455 CONT III	

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C	0	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
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Signature	Considered	



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Sui	ostitute for form 1449A/B/P1	O		Application Number	10/776,650
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S	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Rafail Zubok
				Art Unit	3738
	(Use as many sh	eets as	s necessary)	Examiner Name	C. L. Miller
Sheet	2	of	2	Attorney Docket Number	SPINE 3.0-455 CONT III

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Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

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